

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90035 035 \*\*\*\*70.00

**DOCUMENT # N36919**

1. Entity Name

**PROJECT RESPONSE, INC.**

Principal Place of Business

Mailing Address

745 S APOLLO BLVD  
 MELBOURNE FL 32901  
 US

745 S. APOLLO BLVD  
 MELBOURNE FL 32901-1457  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3036563**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZGERALD, MICHAEL  
 3325 RIVERCREST DR  
 #118  
 MELBOURNE FL 32935

Name *Fitzgerald, Michael*

Street Address (P.O. Box Number is Not Acceptable)

*3345 Sandy Reef Ct.*

City *Melbourne Beach*

**FL**

Zip Code *32951*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Michael S. Fitzgerald*

*3/9/00*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **FITZGERALD, MICHAEL**  
 STREET ADDRESS **3325 RIVERCREST DR #118**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **CARTER, SCOTT**  
 STREET ADDRESS **1235 WILKINSON ST**  
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **WILSON, NANCY**  
 STREET ADDRESS **4000 OLD SETTLEMENT ROAD**  
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **S**  Change  Addition  
 NAME **Frank Bing**  
 STREET ADDRESS **11155 Roseland Rd. Unit 16**  
 CITY-ST-ZIP **Sebastian, FL 32958**

TITLE **TD**  Delete  
 NAME **CALDERWOOD, JOE**  
 STREET ADDRESS **3455 FLOUNDER CREED RD**  
 CITY-ST-ZIP **MIMS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BHAGAVATI, MA JAYA**  
 STREET ADDRESS **1115 ROSELAND ROAD - UNIT 11**  
 CITY-ST-ZIP **SEBASTIAN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BRIMHALL, ALLAN**  
 STREET ADDRESS **3526 N HARBOR CITY BLVD**  
 CITY-ST-ZIP **MELBOURNE FL 32926**

TITLE **D**  Change  Addition  
 NAME **Mulligan, Barbara**  
 STREET ADDRESS **1700 N. Atlantic Ave. #111**  
 CITY-ST-ZIP **Cocoa Beach FL 32931**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael S. Fitzgerald*  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/9/00* *321-617-7382*

CR2E037 (9/99)